

# CHAMBER OF BUSINESSES OF AFRICAN DESCENT



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OF AFRICAN DESCENT

## APPLICATION FOR MEMBERSHIP

NAME OF COMPANY : .....

GEOGRAPHIC ADDRESS : .....

POSTAL ADDRESS : .....

TELEPHONE # : ..... FAX: .....

E-MAIL ADDRESS : ..... URL ADDRESS <http://www> .....

YEAR INCORPORATED: ..... NO. OF EMPLOYEES: .....

NAME OF CHIEF EXECUTIVE: .....

NAMES OF DIRECTORS : .....

ANNUAL TURNOVER: : .....

SALES TERRITORY (CITIES/REGIONS/COUNTRIES): .....

AUTHORIZED DISTRIBUTORS (COMPANY (IES) / PRODUCT(S): .....

COMMERCIAL REFERENCES: .....

BANK (ADDRESS, NAME OF THE ADMINISTRATIVE AGENT): .....

MEMBERSHIP CATEGORY (Please tick): PLATINUM  GOLD  CORPORATE

### TYPES OF BUSINESS

(Please tick)

WHOLESALE	NON-PROFIT	GOVERNMENT INSTITUTION
RETAILER	CONSULTANT	FOREIGN GOVERNMENT, WHICH? .....
IMPORTER	LAWYERS	FOREIGN COMPANY
EXPORTER	PRINTING	SUBSIDIARY COMPANY OF? .....

MANUFACTURER

BANK/FUND

FREIGHT FORWARDER

INSURANCE

EDUCATION

CPA (ACCOUNTANT)

OTHER (SPECIFY)

REAL ESTATE

**PLEASE LIST THE PRINCIPAL PRODUCTS OR SERVICES:**

**PRODUCTS**

MANUFACTURE: .....

..... DISTRIBUTION:

EXPORT : .....

IMPORT : .....

**SERVICES**

Please specify: .....

**GENERAL INFORMATION**

Does your company have any business transaction with any business of African Descent? **Yes :.....** **No: .....**

Do you have a business partner outside in or outside Africa? **Yes: .....** **No: .....**

Will you be prepared to serve on the Chamber's committee **Yes: .....** **No: .....**

**DECLARATION**

I / We wish to be member (s) of the Chamber of Businesses of African Descent and if accepted, agree to be bound by the constitution, Bye-Laws and pay all approved fees.

We declare that all statements made by us on this application form are correct.

**Signature:** .....

**Position:** .....

**RETURN COMPLETED FORM TO:**

With: Copy of Certificate of Incorporation  
Copy of Certificate to Commence Business  
Copy of Company Profile



**OFFICIAL USE ONLY**

Membership Number: .....

Date of Acceptance: .....